

**SOUTH MEADOW SCHOOL
PERMISSION FOR EXTRACURRICULAR ATHLETICS
AND EMERGENCY INFORMATION**

Dear Parents:

Your child has registered for an extracurricular athletic program. All students planning to participate must have parental permission as well as clearance from their medical provider.

All extracurricular activities are after school. Students will be dismissed from their activity in time to catch the late bus, or you may choose to transport your child home. It is not the responsibility of the activity advisor to provide or arrange for transportation.

Please fill out the form below and have your son/daughter return it to the coach of his/her activity or to the SMS Athletic Director NO LATER THAN the first day of practice.

Student's Full Name: _____ Age: _____

Activity to Participate in: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Phone number: (home) _____ (cell) _____ (work) _____

Parent email address(es): _____

Is there a health condition that we should be aware of? (circle one) YES NO

If YES, please explain: _____

Does your child have any allergies? (circle one) YES NO

If YES, please specify allergen and reaction: _____

IN CASE OF AN EMERGENCY, IF PARENT(S) CANNOT BE REACHED, PLEASE NOTIFY:

Name: _____ Phone: _____

Is the student covered by accident insurance? (circle one) YES NO

All sports are potentially dangerous. Injuries may occur to any participant and you must be willing to accept this risk. The team physician, trainer, and/or coach may apply first aid treatment if needed. (circle one) YES NO Parent/Guardian signature: _____

The following must be signed by the student's medical provider:

(Student's name) _____ may participate fully in extracurricular athletics.

Physician signature: _____ Date: _____

Physician name (printed): _____ Phone: _____